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it's an important bill and has been anticipated in the appropriations process and hopefully will be a part of our overall budget. We call it the coordination of benefits bill. And by the way, I want to especially thank Senator Mines for the work that he's done on this. He's guided us through several sets of negotiations with various insurance companies and has been a steady hand in this whole business. And processwise, what will happen here this morning, with your approval at least, is that I will give this opening. The committee amendments will be before you at that stage. The committee amendments, however, have been further modified by an amendment that Senator Mines will present, which actually represents the agreement that we've all come to with the insurance companies in general. It's called the coordination of benefits program because...and coordination of benefits, here's basically what it means. I'll just read it directly from the bill. It requires the insurance companies to provide to the Department of Health and Human Services information regarding the licensed insurers or self-funded insurers existing coverage for an individual who is eligible for a state benefit program. Medicaid, as you know, is a payor of last resort, so we need to know, Medicaid needs to know, what is out there in...by the way of private insurance to otherwise cover individuals that the state would be paying for. And coordination of benefits means that the department has certain rights that are covered in the bill to go to these insurance companies and to get information, coverage information indicating whether they're eligible for coverage under a particular plan and the benefits and the payments associated with any of that coverage which may exist. The whole idea of closer coordination and statutory reinforcement of closer coordination all came about pursuant to a performance audit that was done by your Performance Audit Committee last year. And that audit showed a couple of different things. First of all, it indicated, in the opinion of the committee, that the department itself needed to do some serious reorganizing and to get its own systems and personnel performing in such a way that they could, in fact, recover some of these costs that were being paid out in the Medicaid program. The department really was in a partial state of disarray in terms of being able to effectively deal with insurance companies and effectively get information. That was part of the problem. The other part of